

ENROLLMENT FOR INITIAL MEDICARE CERTIFICATION

Nursing facilities must be Medicaid certified prior to receiving approval to participate in the Medicare program.

- All initial Medicare certification surveys have been determined by the Centers for Medicare and Medicaid Services (CMS) to be low priority.
- All initial certification surveys will be Medicaid-only.
 - For Medicaid certification, contact LaNae Workman at (785) 291-3806 or by email at lanae.workman@ks.gov

Newly Constructed Facilities:

A licensure survey must be completed and a license issued prior to completing a certification survey for Medicaid. Following licensure, at least one resident must be admitted prior to the initial Medicaid certification survey. Upon admittance of the first resident, the administrator is to notify the respective Regional Manager or this Commission to schedule the initial Medicaid certification survey.

Existing Facilities:

A determination will be made if a full survey is necessary, but if a facility has recently been surveyed a full survey may not be required.

To become certified as Medicare provider, facilities must be surveyed. Surveyors will inspect the facility, interview the administrator and staff members, review documents and undertake other procedures necessary to evaluate the extent to which a facility meets the requirements the administrator will be informed and given an opportunity to correct them. Following the survey, the Commission will recommend to CMS whether the facility should participate.

Facilities denied approval to participate in the Medicare program will be sent notification indicating the reasons for the denial plus information regarding their right to appeal.

As part of the application process, applicants for Medicare certification are required to complete application form CMS-855A "Medicare General Enrollment". The Medicare Administrative Contractor (MAC) has 60 days for review to either approve or deny the application. The MAC may return the application for additional information which would then restart the 60 day clock. Please note that a facility cannot be certified or scheduled for a survey, if one is necessary, before the CMS-855A application has been approved by the contactor.

All required forms for Medicare enrollment and websites are listed below:

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The Centers for Medicare and Medicaid Services (CMS) require a number of forms to be completed in order to enroll in the Medicare program. All required forms are listed below:

FORM NUMBER AND NAME:	WEBSITE:
CMS-671 <i>"Skilled Nursing Facility Application for Medicare and Medicaid"</i>	http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/CMS671.pdf
CMS 1561 <i>"Health Insurance Benefits Agreement" (2 copies)</i>	http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms1561.pdf
<p>Providers are required to submit an electronic attestation of compliance with the civil rights requirements to the OCR before the state agency and the regional office processes any requests for initial surveys. New applicants for Medicare funding will be responsible for submitting this attestation <i>electronically</i> to the OCR via OCR's online Assurance of Compliance portal which is listed below:</p> <p>Office of Civil Rights (OCR) Clearance https://ocrportal.hhs.gov/ocr/aoc/instructions.jsf.</p> <p>Providers will receive electronic verification from OCR of successful submission of the attestation. When the process has been completed, the provider will be able to print the Assurance of Compliance Completed with a confirmation number. A copy of the confirmation number must accompany the other required Medicare forms.</p>	
CMS 558 <i>"Electronic Transfer Fund"</i>	https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms588a.pdf
CMS-855A <i>"Medicare Enrollment Application"</i>	https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms855a.pdf

ADDITIONAL REQUIRED INFORMATION NEEDED FOR MEDICARE ENROLLMENT:

- FI Enrollment Application Letter
- Copy of the CMS-855 Medicare Enrollment application
- Copy of the FI approval letter

Send or email all completed forms and additional required information to:

Tina Lewis
 Survey, Certification and Credentialing Commission
 Kansas Department for Aging and Disability Services
 612 S. Kansas Ave., Topeka, Kansas 66603
 (785) 296-1260
tina.lewis@ks.gov